PRINTED: 10/17/2013

| IMENT OF HEALTH<br>RS FOR MEDICARE   | AND HUMAN SERVICES   | 45  | 11  | - 1112 1113  | FORM  | 10/17/2013<br>APPROVED   |  |
|--|--|---|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |  | (X2) MULTIPLE CONSTRUCTION A BUILDING Of - MAIN BUILDING Of   |   |  | (X3) DAT  | MB NO. 0938-0391<br>(X3) DATE SURVEY<br>COMPLETED  |  |
| NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)   |  | STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET  |   |  | <u>14/2013</u>  |  |  |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |   | x   | PROVIDER'S FLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOU  | COMPLETION (X6)   |  |  |
| NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786  |  | <b>K</b> 1  | 130   | Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Pacility Maintenance Director sealed the cited penetration with fire scalant rated at four hours on 10/15/13. All fire walls were visually inspected by the Facility Maintenance Director/Assistant Maintenance Director and determined to be free of penetrations on 10/25/13.  Systemic measures: The Pacility Maintenance Director/Assistant Maintenance Director will seal any penetrations created in the firewall as they occur due to necessary building maintenance. The Facility Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director/Assistant Maintenance Director will follow up behind all outside contract work and visually inspect for and seal if  |   | 10/25/13   |  |
| This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire walls.  The finding included:  Observation on 10/14/13 at 1:20 PM revealed penetrations in the fire wall in the attic of the west hall around data cables.  This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 10/14/13.  NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility falled to maintain the electrical equipment.  The findings included:  1. Observation on 10/14/13 at 12:03 PM revealed oxygen concentrators plugged into power strips in resident rooms 117 and 131. |  | К1  | 147   |  |   |  |  |
|  | RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION  PROVIDER OR SUPPLIER AT MONTEAGLE (THE SUMMARY STATE (EACH DEFICIENCY OR LEACH DEFICIENCY OR LEACH DEFICE (EACH DEFICIENCY OR LEACH DEFICE (EACH DEFICE ( | AT MONTEAGLE (THE)  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786.  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire walls.  The finding included:  Observation on 10/14/13 at 1:20 PM revealed penetrations in the fire wall in the attic of the west half around data cables.  This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 10/14/13.  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Observation on 10/14/13 at 12:06 PM revealed back to back power strips in the Social Services | RS FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES OF DEFICIENCIES OF DEFICIENCIES OF DEFICIENCIES OF DEFICIENCIES OF DEFICIENCIES OF DEFICIENCY OF DEFICIENCY OF DEFICIENCY OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire walls.  The finding included: Observation on 10/14/13 at 1:20 PM revealed penetrations in the fire wall in the attic of the west hall around data cables.  This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 10/14/13. NFPA 101 LIFE SAFETY CODE STANDARD  K 147  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment.  The findings included: 1. Observation on 10/14/13 at 12:03 PM revealed oxygen concentrators plugged into power strips in resident rooms 117 and 131.  2. Observation on 10/14/13 at 12:06 PM revealed back to back power strips in the Social Services | SE FOR MEDICARE & MEDICAID SERVICES OF DEPICIENCIES FORRECTION  (X1) PROVIDERSUPPLIERCUA DENTIFICATION NUMBER: 445393  8. WINNO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire wall in the attic of the west half around data cables.  The finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 10/14/13.  NFPA 101 LIFE SAFETY CODE STANDARD  This STANDARD is not met as evidenced by: Based on observations in the fire wall in the attic of the west half around data cables.  K 147  K 147  NFPA 101 LIFE SAFETY CODE STANDARD  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment.  The findings included:  1. 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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(XB) DATE

PRINTED: 10/17/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY( AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING Of - MAIN BUILDING OF COMPLETED 445393 **B. WING** 10/14/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEPICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 147 Continued From page 1 K 147 K147 NFPA 101 Life Safety Code 11/15/13 Standard 3. Observation on 10/14/13 at 12:57 PM revealed Electrical wiring and equipment is in accordance with NFPA 70, National Electrical an extension cord in use in the Environment Code. 9.1.2. Services Director's office. Residents affected/residents potentially These findings were acknowledged by the affected: maintenance director and the facility administrator The oxygen concentrators in rooms 117 and 131 during the exit conference on 10/14/13. were unplugged from the power strips and plugged directly into the appropriate wall receptacle on 10/14/13 by the Pacility Maintenance Director. Though no specific resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice regarding back to back power strips and an extension cord in use. The back to back power strips in the Social Services Office and the Director of Nursing Office, and the extension cord in the Environmental Services Director's office were removed and/or corrected by the Pacility Maintenance

11/15/13.

Director/Housekeeping Director on 10/14/13.

Director/Assistant Maintenance Director will inspect all electric devices for appropriate connection to a power source and ensure no power strips are plugged in back to back and ensure no extension cords are in use by 11/8/13. The SDC/DON will educate staff regarding the

concentrators, the proper use of power strips, and the use of extension cords being prohibited by

10/14/13. The Facility Maintenance

proper power connection for oxygen

The Facility Maintenance Director inspected all oxygen concentrators plugged into a power source and determined they are correctly connected to the appropriate wall receptacle on

Systemic measures: